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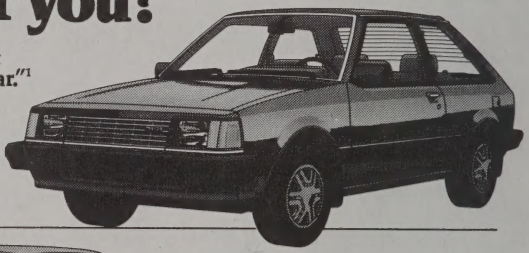

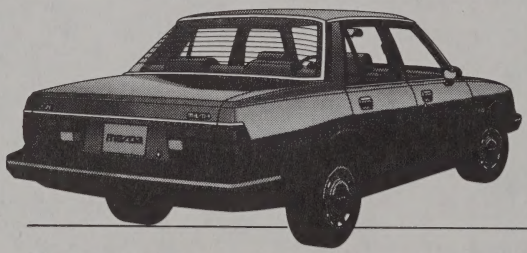

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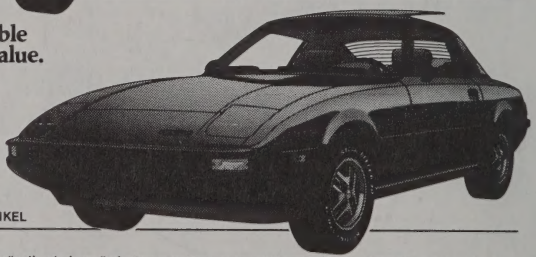

[1] 1981 Car and Driver Reader's Choice Poll.

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The official bulletin
for The Hampden District
of The Massachusetts
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THE HAMPDEN HIPPOCRAT IS PUBLISHED MONTHLY EXCEPT FOR JULY AND AUGUST.
THE OPINIONS EXPRESSED IN THIS BULLETIN ARE THOSE OF THE WRITERS AND DO NOT REFLECT THE OFFICIAL VIEWPOINT OF THE HAMPDEN DISTRICT MEDICAL SOCIETY UNLESS SO STATED.
ALL COMMUNICATIONS SHOULD BE ADDRESSED TO VIVIAN M. PURDY, HAMPDEN DISTRICT MEDICAL SOCIETY, 1414 STATE ST., SPRINGFIELD, MASS. 01109; TELEPHONE: 736-0661.
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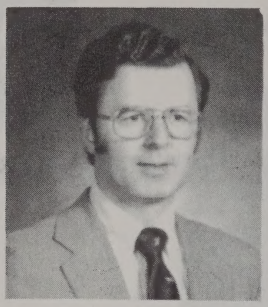

PRESIDENT'S PAGE

PHILIP B. STODDARD, M.D.
President

Two items of interest this month:

1. Emergency Medical Communications System.
2. Massachusetts Medical Society Council Meeting.

The present avenue of emergency communications in the Metropolitan Springfield area is a patchwork of diverse units which need to be coordinated into one efficient system. Certainly lives can be saved by such a system. In Springfield it is estimated that 11 of 114 accident facalities in 1980 could have been saved by a more efficient system. A new communication network is the solution.

The Emergency Medical Communication System is being sponsored by the City of Springfield, Area Hospitals, Businesses, and those of you who may donate to it. The Communication System and donations account will be overseen by the EMS Commission consisting of representatives from Baystate Medical Center, Mercy Hospital, Springfield Fire & Police, and a Mayoral appointee.

The network will coordinate emergency communications with all area hospitals, fire and police thus benefiting all of us. Please lend your financial support.

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The second item of interest is the MMS Council Meeting in Worcester, October 14, 1981. Beside the approval of a new budget, additional financing for the NEJM new building, the Blues again took center stage.

First, a well drafted letter of opposition to the proposed Blue Cross/Blue Shield merger (Senate 866) was discussed in length. In fact in spite of the fact that the letter was sent to Mr. Tompson of Blue Shield, the Council directed that the position of opposition as stated in the letter be sent to the appropriate members of the Committee in Ways & Means where 866 now resides. Many Councillors are concerned that the bill will be reported out of Committee suddenly without opposition being known.

Second, the Blue Shield suit was discussed at length. James Kartell, M.D., the named plaintiff, was chosen to retain our former legal counsel, Warner & Stackpole, to represent him in the continuation of the suit. MMS has asked Judge Skinner to permit the Society to provide an Intervenor so it would have representation in the suit, now tha MMS has chosen a new path with Choate, Hall, & Stewart. As you can imagine the discussion was lively. So far, no solution. Many are concerned that the suit is weakened and argue that the two sides should reach an accomodation. Others feel strongly that only one side can be effective. And so goes politics. □

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LUDLOW HOSPITAL MEETS CHALLENGES OF THE 80's

Ludlow Hospital is confronted with a perpetual question: What is the best way to use the resources we have on hand - the dedication of our employees, the wisdom and enthusiasm of our Board of Trustees, the expertise of our medical staff and the broad spectrum of technology and facilities - to better serve our patients?

It is not the kind of question which invites an easy or permanent answer. Yet, this question is considered every day by those of us who make up Ludlow Hospital. New solutions arise in the search for an answer.

Yes, we are changing. We are offering significant new kinds of services and programs. We have added new technological equipment and have renovated our facilities. All of this has been done to provide increased flexibility to meet changing patient care demands. We have not changed for the sake of change, or for publicity. Our advancements come from ideas which were founded in deep concern for the patients we serve.

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Our ideals will not be abandoned. They are stronger than any pressures brought to bear on us by external factors. We continue to believe and we always will believe that a hospital is one of civilization's most enduring institutions. Generations march through the corridors. They see joy and sorrow, life and death, fear and fortitude. The living drama of the human race is played daily within the walls. Is it any wonder that we believe our mission to care for the sick and injured requires very special people? Hospital people are dedicated, highly skilled, and every day meet their awesome responsibilities with knowledge and compassion.

In July of 1982 Ludlow Hospital will celebrate its 75th year as a vital part of the communities we serve and we will continue to stress friendliness, quality care, and progressiveness - all delivered in a community hospital setting. We are still carrying out a mandate given to us in July 1907 by the Ludlow Hospital Society. The hospital was donated to the community in 1907 by the Ludlow Corporation to serve the health care needs of a growing community. Through the efforts of the Ludlow Hospital Society, our Board of Trustees, physicians and employees, as well as the communities we serve, we have kept that mandate.

In the past year and one-half Ludlow Hospital has accomplished the following:

We have evaluated short term and long term energy savings programs and, in the area of short term energy savings, Ludlow Hospital has saved $50,000. We are now addressing the long term issues which will further reduce energy costs.

Our Pharmacy was completely renovated and expanded, and new equipment installed to improve circulation of air by providing for replacement of air with an outside source.

The Radiology Department was upgraded by installing new X-Ray equipment.

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The Nuclear Medicine and Ultrasound sections of the Radiology department have new and improved diagnostic capabilities.

The cardiac Care Unit has new monitoring equipment with telemetry capability which enables monitoring of patients in areas other than the CCU.

The ongoing painting and refurbishing of the entire hospital has been accomplished by inhouse personnel working around the busy daily schedules. The Ludlow Hospital maintenance department, by doing all the renovating and carrying on their regular duties at the same time has greatly contributed to our cost control program. In addition, Ludlow Hospital has received the optimal 2 year accrediation from the Joint Commission on Accreditation of Hospitals which is no small task given the extensive renovation programs ongoing at the hospital.

Ludlow Hospital continues to provide and expand services and programs for the public. Our Emergency Room delivers care to all who come to us 24 hours a day. Our community oriented services and programs are located in newly renovated space on the second floor. These programs have received many compliments and accolades for their extensive screening content. Ludlow Hospital has worked with the American Cancer Society in providing our cancer screening programs. We have also held Hypertension and Diabetic Screenings on a regular basis along with Pap Smears, Breast Exams, Glaucoma Screenings and Flu Immunization Clinics. Our most successful venture outside of the hospital had to be the highly rated Health Life Expo "81" where Ludlow Hospital was the medical sponsor at two sites one in Ludlow and the other in Indian Orchard. These sites were crowded

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all day and handled every person who came for a multitude of specialized screening procedures.

Our screening programs are conducted by the Ludlow Hospital Special Procedures Department and this department also carries a normal load of hospital duties in addition to the screening programs. For example, they have the responsibility for Endoscopies with 8 attending physicians working in that special area alone.

The recent opening of a unique new Dental Program at Ludlow Hospital offered by members of the dental staff is one of its kind in this area. Several area dentists are associated with this program.

This area also houses the Ear, Nose and Throat Program, Urology Program, and the Podiatry Program. All of our programs are the outcome of surveying the hospital service area for health care needs and then meeting these needs.

A newly renovated Operating Room Suite is now opened and serves the needs of the surgical patients. Because of the prolonged planning process, the new second floor Operating Room Suite will meet the hospital's needs in the foreseeable future. Here again, the people who will be staffing and utilizing the OR were in on the design from day one. Physicians were consulted, particularly those with surgical subspecialties. Thus, clinical as well as mechanical needs are taken care of, resulting in a more efficient utilization of space. Ludlow Hospital Chief of Anesthesia Services, Dr. Santiago and our OR Supervisor, Ann O'Connor R.N., also helped plan and develop the Or Suite. Cooperation between the Board of Trustees, physicians, staff, our maintenance services, and the few outside contractors we utilized, all

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played a role in this success story and were vital in seeing the predicted dates all fall into schedule.

Not all of our improvements have been structural or in the area of new services. We have also sought to improve on existing systems. In this vein, our cardiac stress testing program has been reworked and improved to insure that capable support people who can be of true assistance to MDs, are available. The internal organization was streamlined under the leadership of Mr. Maningas, Executive Director to enable a quicker response time to all departments, assure thorough study of issues and provide resource people on a continuing basis. A team management concept has been developed and provides leadership on a 24 hour basis. This will permit improved control over operations through the use of integrated clinical and financial decisions and also improve resource allocation in the hospital.

In the decade of the 80's, we believe we will find interhospital competition, limitations on hospital finances, diversification, more aggressive consumers and more collaboration between hospitals, their Boards of Trustees, and Medical Staffs. We can also expect new community responsibilities, new trustee involvement, new considerations in financing, continuing new management initiatives, new roles for medical staffs, and new government policies.

At Ludlow Hospital we look forward to meeting these challenges and serving our patients needs. As a community hospital dedicated to the needs of our service area what we are really saying is: "Ludlow Hospital Cares." □

C. O. Maningas, Executive Director

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October Executive Meeting

The Executive Committee met on Tuesday, October 13, 1981 in the Conference Room of the Hampden District Medical Society.

Present were Drs. Stoddard, Walthall, Bloom, Remsberg, Asinas, Hough and Mrs. Purdy.

The minutes of the September meeting were accepted as written.

Dr. Bloom presented a paper on Physician Ethics as a suggestion for a possible committee for Hampden District Medical Society. He listed areas of concern and topics to be discussed. After discussion it was decided that Dr. Stoddard appoint an ad hoc committee to be known as the Physician Relations Committee. Dr. Stoddard will present this proposal in his President's message for the Hampden Hippocrat and will put it on the agenda for the January District Meeting.

CORRESPONDENCE

1. Dr. Keroack wrote Dr. Stoddard informing him about the Acres Medical Associates to be in the Sixteen Acres area. It will be known as an Urgent Care Center. A letter of thanks for the information will be written to Dr. Keroack.

2. A letter from a Mr. Hatch about drug administration was read. Dr. Bloom will respond to this letter as Public Relations Chairman.

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3. A letter from Dr. Wadman about S.2185 An Act Relative to the Practice of Midwifery was read. This is to be referred to Dr. O'Neill, Legislative Chairman for response.

A letter to Dr. Stoddard from Dr. Keenan was read. Dr. Keenan expressed his congratulations to Dr. Stoddard on the material presented at the District meeting held in September.

OLD BUSINESS

A report from the Committee on Education and the Library was given. The subcommittee on Continuing Medical Education recommended that the "Academy set up a continuing relationship with the Harvard Medical School hereby they would provide a list of speakers and topics. The Academy would offer once a year, a grand rounds at each supporting hospital in the form of a two hour CME on one Saturday a month." Upon approval of this recommendation the committee will pursue the financial involvements. The Executive Committee is referring this back to committee and asks for further exploration of five points: 1. Conflicts with other CME meetings, 2. Co-sponsors, 3. Alternative dates, 4. Subjects and 5. Financing.

A Financial report was given and the committee has asked that Dr. Remsberg review the accounting and auditing procedures, and report back to the Executive Committee.

Mrs. Purdy gave a report of the Hampden County Jail Program. A new clinic is being completed and upon completion a special program will be held with a presentation of a second accreditation. Hampden District Medical Society will be notified and will be invited to attend.

A telephone listing report was given by Mrs. Purdy as she has met with Mr. Tom Scofield of the yellow page listing. The Ad for Hampden District Medical Society will be cut down on size and thus reduce the cost. Bold black printing in the white pages will be offered this year.

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Dr. Stoddard read a letter sent by Dr. Munier in response to a letter sent him asking about Medicaid payments and an update on activities being taken by the Massachusetts Medical Society. Currently the Massachusetts Medical Society is in the process of discussing with representatives of the Executive Office of Human Services, as well as the Joint Legislative Committee on Health Care, legislation which would entirely reorder the administration of the Medicaid Program in the state. Elimination of this inequitable provision of law is an essential part of that discussion. This is being reviewed by Dr. Pacosa and he is investigating further through the state Pediatric committee.

Mrs. Purdy asked that the Membership committee be reminded of their obligations to recruit new members. Dr. Janovsky will be invited to the November Executive meeting.

Mrs. Purdy also reminded the committee of the Wine and Cheese Reception for Residents which will be held on Wednesday, October 28th.

NEW BUSINESS

Dues for physicians and spouses who are physicians were discussed. This is one the agenda for the Massachusetts Medical Society Council meeting to be held on October 14th. This recommendation will be made when the budget is presented in December.

Dr. Hough discussed the dues problem of the Massachusetts Medical Society as the Executive Committee of the Massachusetts Medical Society had set $220 as the probable dues for 1982 with an incremented increase yearly.

The Executive Committee voted to invite the Council of the Massachusetts Medical Society to meet in Springfield in October of 1982. Dr. Hough will extend this invitation.

Mrs. Purdy gave a report of the Scholarship Committee. This will be printed in the Hampden Hippocrat in a future issue.

The meeting was adjourned at 9:52 P.M. □

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DISTRICT MEETING

The first meeting of the 1981-1982 year was held on Tuesday, September 22, 1981 at the Greek Cultural Center. There were 100 members present.

Dr. Stoddard, President called the meeting to order at 6:12 P.M. The minutes of the Annual meeting were accepted as written in the September, 1981 Hampden Hippocrat.

Dr. Stoddard thanked the members who had paid the assessment of $30.00 for the Committee on Education and the Library and asked those who hadn't paid to please pay it to support this library.

Dr. Stoddard welcomed the members of the Auxiliary who serve on committees and were attending the meeting. Mrs. Gallivan, President, Mrs. Rich, Membership, Mrs. Miller, Publications Committee.

Dr. O'Neill, Legislative Councilor reported on S.2185 which has to do with "Birthing Centers". It is waiting action in the Senate and letters have been written to the Senators.

Dr. Stoddard told the members that a change is coming from Medicaid payments as the Massachusetts Medical Society met with Governor King and a notification will be sent to the Massachusetts Medical Society members.

Dr. Stoddard gave a report of S.866, the Blue Cross-Blue Shield merger bill. The state medical society is firmly opposed to this bill. He also gave a report of the special Council meeting held on July 8, 1981 and voiced that better communications between the state and district societies is needed.

Dr. Stoddard gave a report of a special meeting that was held in July of the Presidents of the 21 district medical societies. Mr. Charles

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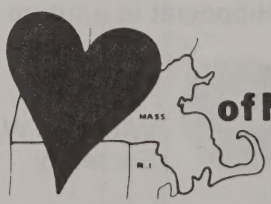
In The Hart  **of New England**

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Amorosino spoke about recruiting resident for new members of the Massachusetts Medical Society. The Massachusetts Medical Society has employed Ms. Roxanne Hurley as a full time Public Relations person. Further information was given about S.866. Massachusetts law compels Blue Shield to pay non participating physicians but they are not compelled to balance bill if the physician has not agreed to do so. The Massachusetts Medical Society is requesting a circuit court judge to provide an intervenor for the Kartell case. Dr. Rodkey and Dr. Brown are possible intervenors. The attorneys reaction is to use the anti-trust law basis and amend the bill on this basis. Dr. Allan gave a little more background on the situation.

Dr. James Allan presented a bylaw change as stated in the June issue of the Hampden Hippocrat. There shall be two regular meetings plus the Annual which shall be held at least three weeks before the Annual meeting of the Massachusetts Medical Society. Special meetings may be held at any time on the call of the President. This was voted unanimously by the society.

The meeting was adjourned for the social hour and dinner.

A delicious shis-ka-bob meal was served. The Glendi Dancers performed during the dinner hour.

Mrs. Dexanne Clohan a lobbyist from the AMA office in Washington was the guest speaker. Mrs. Clohan gave an interesting talk. The budget process is dominating the Washington scene and President Reagan has dominated the budget.

Items of interest in the health field are:

1. FTC AMA in courts soon regarding doctor's advertising. AMA objects to FTC interference
2. Health Planning
3. Competition legislation
4. Medicaid cap action-voucher changes
5. Block grants-moving toward this to keep more control in states

The meeting was adjourned at 9:06 P.M. □

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PROJECT GOOD HEALTH
We Tried.....

I think it should not go unnoticed that the physicians of Massachusetts, by concerted effort, have had a real and effective input in the workings of the Department of Public Welfare. I am referring to *Project Good Health.* As individual physicians may or may not know the DPW had proposed unrealistic and unreasonable regulations for this program, which has been identified as the major preventative care vehicle for children in Massachusetts who are enrolled in the Medicaid program. For the first time that I can remember the physicians who were being depended upon as providers of care simply refused to participate. Even those who had substantial Medicaid patient rosters and were therefore deeply involved both morally and financially refused to go along. It was obvious that the DPW had never even considered the possibility of mass non-participation by physicians as a possibility.

Now the DPW has proposed greatly revised and more realistic regulations which are reasonable and which treat the physician as a professional rather than as a clerk. It seems clear to me that the only action which has the slightest impact on the DPW is the witholding of services. We all know too well the history of the past ten or twelve years. Years in which the rate setting commission did not even meet. Multiple times when rates were set so low as to be ridiculous. I wonder how many have forgotten the episodes when the state "ran out of money" and we were told to keep working and we would be paid eventually. Perhaps some of us even remember those totally unfair and degrading welfare audits that we underwent, some of us more than once.

I suggest that in the future our course of action when we have serious differences with the DPW should be a creditable threat to withhold services, perhaps by mass resignations from the program. While this may not at first glance seem professional, I submit that it is the only effective weapon that we have. I also submit that if the threat is creditable the DPW will realistically deal with us in order to avoid such an occurence. Really, at least study the evolution of Project Good Health. There are very real lessons in bargaining for all of us. □

JOHN IZSAK, M.D.

IN MEMORIAM

MORRIS M. HILF, M.D.

Morris M. Hilf, M.D., Urologic Surgeon of South Hadley, Massachusetts died on September 19, 1981 at home.

Born in Ellenville, N.Y. he attended Syracuse University and graduated from the State University of New York Upstate Medical School. He had his internship at Albany Medical Center and completed his residency in Urology at Bellevue Medical Center in New York City.

Dr. Hilf was a Captain in the Air Force at Westover Air Force Base and practiced urology with the Mt. Tom Medical Group. He was chairman of the Board of Health in South Hadley.

To his family, friends and colleagues deepest sympathy is extended. □

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Fall/Winter, 1981

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The auxiliary for the last 28 years has awarded over $50,000 in scholarships to 313 worthy students in allied health fields. Your interest and support have been greatly appreciated since all contributions are raised solely through the generosity of doctors and their spouses.

Whatever you decide you can give will be gratefully received. Our Health Careers Scholarship Fund urgently needs your support now more than ever.

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What Does The New Tax Law Mean To Physicians?

By: Leif C. Beck, LL.B., CPBC
and
Geoffrey T. Anders, J.D., CPA*

The "Economic Recovery Tax Act of 1981" was signed into law by President Reagan on August 13. It contains items of real significance to practicing physicians, so let us briefly comment on the four major areas of interest.

1. **Tax Rate Decreases.** While personal income tax rates drop only slightly (1.25%) this year, there will be a substantial change for 1982. In addition to a 10% overall rate decrease, the present maximum 70% rate will fall to 50% for 1982 and thereafter. Very high income doctors will find this change to permit large tax savings.

For example, a physician having $20,000 per year of unearned income taxed at a not unusual 64% rate would save $2,800 per year every year. Since he must usually earn at least twice that amount to save $2,800 per year, the change is major.

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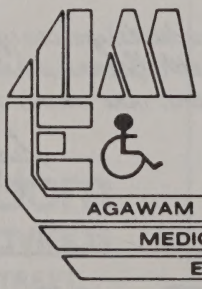

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*Messrs. Beck and Anders are the principal consultants/attorneys for Management Consulting for Professionals, Inc., Bala Cynwyd, Pennsylvania.

Physicians should do some planning this calendar year to take advantage of the upcoming rate change. Any income one can defer to 1982 and any deductions one can accelerate into this year 1981 may be upwards of 70%, while the tax incurred next year cannot exceed 50%. Immediate professional incorporation, delay in billing for medical services and fulfillment of longer term charitable pledges are a few devices that may be useful.

The maximum tax on capital gains correspondingly drops from 28% to 20%. This makes the sell-off of any real estate, stocks, bonds, etc. still more desirable. Although this rate change was made effective back to June 9, 1981, the planning opportunity still exists - a capital gain this year is lower taxed while a capital loss this year reduces taxes at rates still up to 70%.

2. **Retirement Plan Changes.** The most publicized change for retirement plans was to increase Keogh contribution limits from $7,500 to $15,000 starting after 1981.* This will cause some doctors to decide against professional incorporation, but in various analyses so far the corporate route has nevertheless appeared mathematically preferable for a majority of the "close cases". The choice between Keogh and professional corporation continues to require careful and independent advice.

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The Act provides a small, but useful, new benefit for the many doctors who are already incorporated. Starting in 1982, each retirement plan participant may contribute out of his or her pocket up to $2,000 per year as tax deductible voluntary contributions. We consider this a means of increasing one's tax sheltered savings at no real cost, so we urge taking annual advantage of the opportunity.

Existing retirement plans will in most cases have to be amended to accommodate the so-called "qualified voluntary employee contribution". The language changes should in most cases be insignificant, involving only minimal fees, so they should be requested promptly.

The extra $2,000 contributions may similarly be made by unincorporated doctors to their Keogh plans and by faculty physicians to their institutional "tax sheltered annuities". Instead of adding to their existing plans, whether corporate, Keogh or institutional, doctors may

*However, the contribution may still not exceed 15% of one's net income which, for example, is only $10,500 for a $70,000 a year doctor.

separately fund so-called individual retirement accounts (IRAs") up to the $2,000 annual limit. However, we recommend avoiding separate IRAs and including the additions in existing plans in most cases.

3. **Changes as to Equipment.** To stimulate business capital spending, the Act essentially accelerates depreciation deductions on equip-

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ment, office furnishings and the like. A new practice automobile, for example, can now be written off over three years while any other medical office equipment now assumes a five year tax life. Since the changes applies to purchases in 1981, one's obtaining an equipment item before this December 31 could result in particular tax savings -greater depreciation this year before the tax rates drop.

Starting next year, a taxpayer may purchase up to $5,000 of equipment per year and totally write it off as an expense. This will help typical professional medical corporations which purchase some routine items each year and which have little or no use for the investment tax credit (which is unavailable to the extent of such annual write-off).

The depreciation on medical office buildings constructed or purchased this year or hereafter was also made more generous. A building can be written off over fifteen years, possibly providing much greater yearly depreciation deduction for ownership.

Finally, a doctor who wishes to renovate an old building into an office or rental property may now have a significant tax inducement. A straight investment tax credit is allowed on the rehabilitation expense, amounting to 15% if the building was at least thirty years old and 20% if it was at least forty years old. And if the building is "certified historic", the tax credit is a whopping 25%!

4.**Estate Tax Changes.** The Act avowedly removes most citizens from estate tax concerns, though we believe physicians will require continued estate planning and related tax advice. By totally exempting transfers and bequests from one spouse to the other and by increasing the property exemption up to $600,000 (in stages through 1987), death tax concerns will be very much reduced. In fact, doctors who have purchased life insurance to protect their estates from taxes should reconsider that insurance need.

Estate planning advisors are just beginning to digest the significance of these rather sweeping changes. Even the common arrangement of having two trusts (marital and residuary), often called an "A-B trust arrangement", will become inappropriate for many doctors. Hence, the time and expense of renewed estate plans and totally rewritten wills should be a result of the new tax law's generosity. □

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50 Maple St.
Springfield, MA 01103

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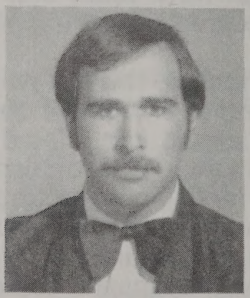
PREMED:	Haverford College 1967-71
MEDICAL SCHOOL:	Tufts University School of Medicine 1971-75
INTERNSHIP:	Baystate Medical Center 1975-76
RESIDENCY:	Baystate Medical Center 1976-77 Tufts N.C.M.S.H. Boston Orthopedics 1977-80
SPECIALTY:	ORTHOPEDICS



Carl N. Israel, M.D.
759 Chestnut St.
Springfield, MA 01107

MEDICAL SCHOOL:	University Autonoma of Guadalajar 1972-76
INTERNSHIP:	Fifth Pathway-Nassau County Medical Center 1976-77
RESIDENCY:	Danbury Hospital, CT 1977-80
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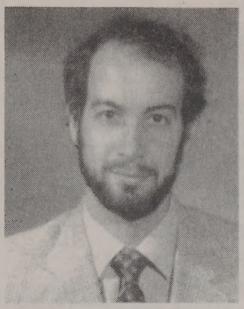

BORN:	September 24, 1948
PREMED:	Boston University 1966-70
MEDICAL SCHOOL:	Georgetown University School of Medicine 1970-74
INTERNSHIP:	Beth Israel Hospital 1974-75
RESIDENCY:	Beth Israel Hospital 1975-76, Harvard Orthopaedic Program 1976-79
SPECIALTY:	ORTHOPAEDICS

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Dr. Raymond Anton has been elected as President of the Massachusetts Society of Anesthesiologists. Knowing Ray he will do an excellent job.

***

Vivian Purdy has been appointed to serve on the Advisory Board of the Practical Nursing Program for the Roger L. Putnam, Vocational Technical High School. This appointment was signed by Ms. Joan Breitung, R.N. Director of the program and Mr. Walter E. Stanton, Principal.

***

Attending the October 14th Council meeting in Worcester were Drs: Stoddard, Walthall, Ayres, Cox, Siragusa, Asinas, Moore, Hough, Smith, Miller, O'Neil, Beauchamp, Watnick, Willcutt, and Restall. Hope the February meeting of the Council will be better attended. □

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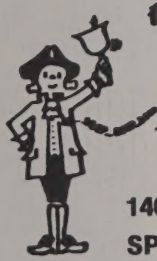

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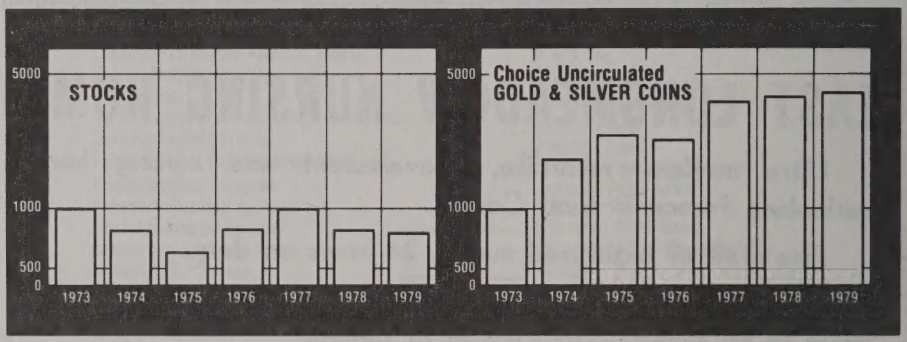

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